

A020000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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\$2.50*

**A. LUNT**

NOV 10 2011

**EXAMINER**

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08/23/11--01012--013 \*\*542.50

11/10/11--01001--001 15.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 4:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2011

GREG HALL  
STEWART TITLE  
3401 WEST CYPRESS SUITE 202  
TAMPA, FL 33607

SUBJECT: ACQUIRE VII, LLLP  
Ref. Number: A02000000099

We have received your document for ACQUIRE VII, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have tried several times to contact Michelle B. Tagert, ESQ. concerning this matter and have not heard back.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 311A00023265

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACQUIRE VII, LLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A02000000099

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GREG HALL

Contact Person

STEWART TITLE

Firm/Company

3401 WEST CYPRESS, SUITE 202

Address

TAMPA, FL 33607

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (            )

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
2011 NOV -9 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

HARROLL CASTLE

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

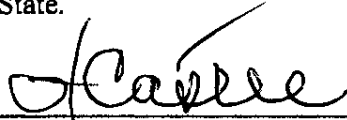
Registered Agent for ACQUIRE VII, LLLP

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A02000000099

\_\_\_\_\_  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.



\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

HARROLL CASTLE

\_\_\_\_\_  
Typed or Printed Name

PRESIDENT LIMITED LIABILITY PARTNER MANAGER

\_\_\_\_\_  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 4:00

FILED

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**